

Preliminary Casualty Report.

Phone: (507) 501-5039 / 87 Fax: (507) 501-5088 e-mail: casualty@amp.gob.pa	 PANAMA MARITIME AUTHORITY DIRECTORATE GENERAL OF MERCHANT MARINE DEPARTMENT OF NAVIGATION AND MARITIME SAFETY	THIS SPACE FOR OFFICIAL USE ONLY
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REPORT OF VESSEL CASUALTY OR ACCIDENT

INSTRUCTIONS

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| 1. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the casualty as possible.
2. This form must be completed in full. Entries which do not relate to a particular case should be indicated as not applicable by inserting the initials "N.A." | 3. This form should be completed by the Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.
4. Attach crew list to this form. Report for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein. |
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I. PARTICULARS OF VESSEL

1. Name of Vessel	2. IMO Number	3. Year built	4. Gross Tonnage	5. Net Tonnage
6. Type of Vessel (See Note 1.)	7. Propulsion (See Note 2.)	8. Place Built		
9. Name of Owner		10. Name, Address and Telephone of Managing Agent		
11.(a) Name of Master or Person in Charge	(b) Citizenship	(c) Date of Birth	(d) License Grade and Date of Issue	

II. PARTICULARS OF CASUALTY

12. (a) Date of Casualty	(b) Time (Local or Zone)	(c) Zone Description	(d) Time of Day <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight	
13. Geographical Location of Casualty and Name of Body of Water (See Note 3.)		14. Country of Casualty		
15.(a) Port of Departure		(b) Date of Departure	(c) Port to Which Bound	
16. (a) Nature of Cargo (Describe and give amounts in Long Tons)		(b) Amount Dry Cargo	(c) Amount Bulk Liquid	(d) Amount Deck Cargo
17. Speed in Knots Prior to Casualty	18. True Course Prior to Casualty	19. Draft Forward		20. Draft Aft
21. Atmospheric Conditions at Time of Casualty (Check one or more of the following) <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other (Specify)				
22. Distance of visibility <input type="checkbox"/> Under 2 Miles <input type="checkbox"/> 2-5 Miles <input type="checkbox"/> Over 5 Miles	23. Wind <input type="checkbox"/> Light <input type="checkbox"/> Moderate to Fresh <input type="checkbox"/> Storm to Hurricane	24. Sea <input type="checkbox"/> Smooth to Slight <input type="checkbox"/> Moderate to Rough <input type="checkbox"/> High		25. Wind Direction
				26. Direction of Sea
				27. Direction of Swell
28. Navigation Equipment (Check one or more of the following) <input type="checkbox"/> Radar (<input type="checkbox"/> S Band, or <input type="checkbox"/> X Band) <input type="checkbox"/> ARPA <input type="checkbox"/> Inoperative <input type="checkbox"/> Inoperative <input type="checkbox"/> Used <input type="checkbox"/> Used		29. Communications Equipment (check one or more of the following) <input type="checkbox"/> Radiotelephone <input type="checkbox"/> CW (Key) <input type="checkbox"/> In use with Other Vessels <input type="checkbox"/> in use with Other Vessels <input type="checkbox"/> In use with Shore Station <input type="checkbox"/> In use with Shore Stations <input type="checkbox"/> Not Used <input type="checkbox"/> Not Used		
30. Auto Alarm Transmitted by your Vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Rules of the Road Applicable at Time <input type="checkbox"/> International <input type="checkbox"/> Other (specify)		

Note 1. Type of Vessel - General Cargo, Oil Tanker, Ore/Oil Carrier, Passenger, Bulk Carrier, Ore Carrier, Tug, etc.
 Note 2. Propulsion - Steam Turbine, Turbo-Electric, Diesel, Diesel-Electric, etc.
 Note 3. Location - If open sea, Latitude and Longitude; give distance to and name of nearest shore; if near coast give distance and true bearing to charted object; if in port, straits, river, channel, etc., give name.

32. Nature of the Casualty (Check one or more of the following. Give pertinent details in item 33.)

<input type="checkbox"/> COLLISION WITH OTHER VESSEL(S) (Give Name and Flag of Other Vessels)	<input type="checkbox"/> EXPLOSION/FIRE (Other)
<input type="checkbox"/>	<input type="checkbox"/> GROUNDING
<input type="checkbox"/>	<input type="checkbox"/> FOUNDER (Sinking)
<input type="checkbox"/> COLLISION WITH FLOATING OR SUBMERGED OBJECTS	<input type="checkbox"/> CAPSIZING WITHOUT SINKING
<input type="checkbox"/> COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.)	<input type="checkbox"/> FLOODINGS, SWAMPING, ETC., WITHOUT SINKING
<input type="checkbox"/> COLLISION WITH ICE	<input type="checkbox"/> HEAVY WEATHER DAMAGE
<input type="checkbox"/> COLLISION WITH AIDS TO NAVIGATION	<input type="checkbox"/> CARGO DAMAGE (No Vessel Damage)
<input type="checkbox"/> COLLISION (Other)	<input type="checkbox"/> MATERIAL FAILURE (Vessel Structure)
<input type="checkbox"/> EXPLOSION/FIRE (Involving cargo)	<input type="checkbox"/> MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)
<input type="checkbox"/> EXPLOSION/FIRE (Involving vessel's fuel)	
<input type="checkbox"/> FIRE (Vessel's structure or equipment)	<input type="checkbox"/> EQUIPMENT FAILURE
<input type="checkbox"/> EXPLOSION (Boiler and associated parts)	<input type="checkbox"/> CASUALTY NOT NAMED ABOVE

EXPLOSION (Pressure vessels and compressed gas cylinders)							
33. Personnel		Crew	Passengers	Other	Totals	34. Property Losses	Dollars (USA)
(a) Number on Board						(a) Estimated loss/damage to vessel	\$
(b) Number known dead						(b) Estimated loss/damage to cargo	\$
(c) Number Missing						(c) Estimated loss/damage to other property	\$
(d) Number Injured						35. Is Vessel a Total Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. DESCRIPTION OF CASUALTY IF NOT DEATH							
37. Deck Officer on Duty at Time of Casualty				38. Engineer on Duty at Time of Casualty			
Name				Name			
Capacity		License No.		Capacity		License No.	

51. Recommendations for Corrective Safety Measures Pertinent to this Casualty

52. Date of Report	53. Submitted by (Print Name)	54. Signature	55. Title
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**Master or person in charge, or,
if neither is available,
by the owner or his duty authorized agent sign**

Stamp of the Ship or Company